**Cervical Epidural Steroid Injection**

OPERATIVE PROCEDURE

PREOPERATIVE DIAGNOSIS:----

POSTOPERATIVE DIAGNOSIS: ----

PROCEDURES:----

1.----

2. Epidurography with radiographic interpretation of cervical epidural steroid injection.

ASSISTANT: ----

COMPLICATIONS: ----

SPECIMEN: ----

ESTIMATED BLOOD LOSS: ---

PREOPERATIVE PAIN LEVEL:----

POSTOPERATIVE PAIN LEVEL:---

RATIONALE :-----

PREOPERATIVE AREA: ----

All the risks of injections were discussed with the patient in the preop area. Risks included but not limited to stroke, paralysis, infection, hematoma formation, spinal fluid leak were discussed. The temporary nature of the pain relief was also explained to the patient. The alternative options of conservative care were also discussed with the patient. Patient completely understood and consented for the procedure understanding the risks and the benefits. Patient was also appropriately marked for the planned procedure after obtaining full informed consent. Patient was then transferred to the operating area.

OPERATIVE PROCEDURE: The patient was taken to the operating suite he/she was identified by the head nurse and was placed in prone position on a radiolucent table. Patient’s all bony prominences were padded. Patient is relevant studies were put on display his/ her vitals were being monitored, he/she was administered conscious sedation. Patient was in correct position with fluoroscopy on the right side. The patient’s cervical spine was prepped and draped in the normal sterile fashion. Surgical time out was then performed to confirm the patient's identification, diagnosis, planned procedure and allergies. Surgical site was also properly marked for the planned procedure.

 We were able to bring in the C-arm and nicely visualize the C7-T1 interspace in AP view. We were able to square the disc by manipulating the C-arm. The entry point was decided at the midline using a clamp and C-arm guidance. Skin overlying the entry point was then anesthetized with 3-4 cc of 1% lidocaine. After adequate anesthesia, a Tuohy needle, which was 20-gauge was slowly inserted towards the interlaminar space. The needle tip was monitored using a contralateral oblique view and the AP view. We tried to position the needle at C7 T1 interlaminar in the midline on the AP view and just anterior to interlaminar line at C7 T1 interspace. LOR syringe was used while slowly advancing the needle. After the needle crossed the interlaminar space we got LOR. After that the site was aspirated and after confirming that there is no blood the site was injected with a dye so as to obtain epidurogram. The epidurogram does not show any vascular flow and there was negative aspiration There was no myelogram but epidurogram. After confirming that the Tuhoy needle was properly placed 4 cc of solution, which was a mix of 1 cc of 10 mg of dexamethasone and 3 cc of Preservative free NS was injected in that area under constant guidance. We also injected a test dose of 1cc of NS before injection of the final solution. The patient was moving the legs and there was no pain radiating down his legs or arms at that point of time.

After injection the patient’s pain went down from --------- to ------------. He/she was walking comfortably within half an hour after the injection. He/she was neurologically same as before. He/she passed urine. He was discharged home after observation. He/she was asked to contact us if any fever, increased pain, tingling, numbness or weakness or any signs of infection. Discharge instructions were also handed over to him/her. He/she will also follow up with us in two weeks. if any further questions concern in the meantime, they should contact me at heartland Regional Medical Center.

EPIDUROGRAPHY REPORT: The patient with multiple C-arm images obtained demonstrating docking the needle at C7 T1 interlaminar space. We have AP and contralateral oblique images demonstrating the appropriate needle position. We have subsequent images demonstrating flow of the contrast material along the Dural sac segments. It was a epidurogram and not a myelogram after studying all 3 views. And there vas no vascular uptake as studied with the fluoroscopy.